



DUVALL POLICE DEPARTMENT

REQUEST FOR POLICE OFFICER

Date of Submittal: ____/____/____

Organization or Group: _____

Address: _____ City: _____ St: _____ Zip: _____

Contact Person: _____ Phone: _____

Emergency Contact Info (leave blank if same): _____

We request: _____ officer(s) to work _____ hours (3 hour minimum) at individual officer's overtime rate for:

_____ Patrol _____ Crowd Control

_____ Traffic Control _____ Other (explain) _____

Date of Event: ____/____/____ Time of Event: _____ to _____

Event: _____

Describe Duties and/or Special Concerns: _____

Signature of Applicant: _____ Date: ____/____/____

Printed Name of Applicant: _____

FOR POLICE DEPARTMENT USE ONLY

OFFICERS ASSIGNED: 1) _____

2) _____

3) _____

4) _____

SUPERVISOR APPROVAL: _____

DATE RETURNED TO APPLICANT: ____/____/____